

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1460

March 23, 1998

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TCM/MAA



PPL No. 98-009

To All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

REVISED INVOICE FOR TARGETED CASE MANAGEMENT

The purpose of this transmittal is to provide Local Governmental Agencies (LGAs) with a revised invoice for claiming TCM.

Effective with the quarter beginning October 1, 1996, the Federal Medical Assistance Percentage (FMAP) used to calculate the federal financial participation (FFP) was increased above the minimum 50 percent. The TCM invoice has been modified to require the LGAs to identify the FMAP appropriate to the quarter being claimed. The FMAP rates have been provided under a separate cover, see Policy and Procedure Letter (PPL) 97-027, dated November 26, 1997. In addition, the Department of Health Service (DHS) approval block for DHS use only has been added to the TCM invoice.

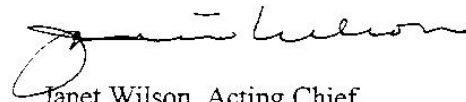
PPL 96-007 provided detailed instructions on completing the invoice. These instructions still apply with the exception of inserting the appropriate FMAP in the space provided. No other area below the first line of each program should be filled in by the submitting LGA. Staff in the Federal Liaison Unit will complete the invoice based on reports generated by the Data Systems Branch of DHS. A copy of the reports and the adjusted invoice will be mailed to the submitting LGA.

Effective immediately, LGAs should submit TCM invoices on the revised invoice form to DHS. It is not necessary for the LGAs to submit a revised TCM invoice for claims already submitted to DHS. For previously submitted claims, the Federal Liaison Unit will adjust the FMAP to reflect the correct percentage on the TCM invoice.

All County Medi-Cal Administrative Activities (MAA)/
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If you have any questions regarding this matter, please contact Ms. Tammy Lytle of the
Federal Liaison Unit at (916)654-0644.

Sincerely,



Janet Wilson, Acting Chief
Medi-Cal Benefits Branch

Targeted Case Management:	X
Medi-Cal Administrative Activities:	
Policy Effective Date:	4-1-98
Policy Reference:	PPL No. 97-007, 97-009, 97-027

Enclosures

cc: See next page

All County Medi-Cal Administrative Activities (MAA)/
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cc: Ms. Cathleen Gentry
Host County Liaison
455 Pine Avenue
Half Moon Bay, CA 94019

Mr. Bill Lasowski, Director
Division of Financial Management
Medicaid Bureau
Health Care Financing Administration
7500 Security Blvd. RM C4-25-02
Baltimore, MD 21244

Mr. Richard Chambers
Associate Regional Administrator
Division of Medicaid
Health Care Financing Administration
75 Hawthorne Street, Fifth Floor
San Francisco, CA 94105

Mr. Larry Lee
Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814

SUMMARY INVOICE
TARGETED CASE MANAGEMENT

Local Governmental Agency:

Provider Agreement #:

Period of Service:

Invoice Number:

	Number of Encounters		Encounter Rate		Amount
Public Health	0	x	\$0.00	=	\$0.00
Less: Rejected Claims		x	\$0.00	=	\$
Subtotal		x	\$0.00	=	\$
Appropriate FMAP		%		=	\$
Less: Claim Amount Exceeding Cap				=	\$
Total Federal Share for Public Health				=	\$

	Number of Encounters		Encounter Rate		Amount
Public Guardian/Conservatorship	0	x	\$0.00	=	\$0.00
Less: Rejected Claims		x	\$0.00	=	\$
Subtotal		x	\$0.00	=	\$
Appropriate FMAP		%		=	\$
Less: Claim Amount Exceeding Cap				=	\$
Total Federal Share for Public Guardian				=	\$

	Number of Encounters		Encounter Rate		Amount
Outpatient Clinics	0	x	\$0.00	=	\$0.00
Less: Rejected Claims		x	\$0.00	=	\$
Subtotal		x	\$0.00	=	\$
Appropriate FMAP		%		=	\$
Less: Claim Amount Exceeding Cap				=	\$
Total Federal Share for Outpatient Clinics				=	\$

SUMMARY INVOICE
TARGETED CASE MANAGEMENT

Local Governmental Agency:

Provider Agreement #:

Period of Service:

Invoice Number:

	Number of Encounters		Encounter Rate		Amount
Linkages	0	x	\$0.00	=	\$0.00
Less: Rejected Claims		x	\$0.00	=	\$
Subtotal		x	\$0.00	=	\$
Appropriate FMAP		%		=	\$
Less: Claim Amount Exceeding Cap				=	\$
Total Federal Share for Linkages				=	\$

	Number of Encounters		Encounter Rate		Amount
Adult Probation	0	x	\$0.00	=	\$0.00
Less: Rejected Claims		x	\$0.00	=	\$
Subtotal		x	\$0.00	=	\$
Appropriate FMAP		%		=	\$
Less: Claim Amount Exceeding Cap				=	\$
Total Federal Share for Adult Probation				=	\$

TOTAL FEDERAL SHARE FOR ABOVE PROGRAMS THIS CLAIM

= \$

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual Targeted Case Management encounters for the period claimed, and that the funds/contributions expended, as necessary for Federal matching funds pursuant to the requirement of 42 CFR 433.51, are for allowable Targeted Case Management activities and that these claimed encounters have not previously been nor shall not subsequently be claimed in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal Government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act.

Typed Name of Signer

Signature

Title

Date

For DHS Program use only

Department of Health Services
Federal Liason Unit
714 P Street, Rm 1140
Sacramento, CA 95814

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws and regulations governing its payment.

Approved by:

Date